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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee Name KEEP MOGADORE SCHOOLS STRONG | | Office Sought | | District |
| Street Address 261 RIDGE RD | | City MOGADORE | State OH | Zip 44260 |
| Candidate Name OR PAC Registration Number 27-3358546 | | Treasurer Name JOHN C. YEARGIN | | Election Date (MM/DD/YYYY) |
| Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General | | | | |
| Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly | | | | Year 2018 |
| Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report | | Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions. |

| | |
|---------------------------------------------------------------|----------|
| 1. Amount brought forward from last report | 1,779.35 |
| 2. Total monetary contributions (From Forms 31-A and 31-E) | 0 |
| 3. Total other income (From Form 31-A-2) | .41 |
| 4. Total funds available (sum of lines 1, 2, 3) | 1,779.76 |
| 5. Total monetary expenditures (From Forms 31-B and 31-F) | 0 |
| 6. Balance on hand (line 4 minus line 5) | 1,779.76 |
| 7. Value of in-kind contributions received (From Form 31-J-1) | 0 |
| 8. Value of in-kind contributions made (From Form 31-J-2) | 0 |
| 9. Outstanding loans owed by committee (From Form 31-C) | 0 |
| 10. Outstanding debts owed by committee (From Form 31-N) | 0 |
| 11. Outstanding loans owed to committee (From Form 31-K) | 0 |
| 12. Value of independent expenditures made (From Form 31-U) | 0 |

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

2018 JUN 32 AM 9:49

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RRS # 2237

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Treasurer or Deputy Treasurer

07/02/2018

Date (MM/DD/YYYY)

| | | | |
|--------------------|-------------------|-------------------------|-------------------------|
| Contribution Pages | Expenditure Pages | Other Pages 2 | Total Pages 3 |
|--------------------|-------------------|-------------------------|-------------------------|



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| | | | | | |
|--------------------------|-----------|-------------------|--------------------------|-----------------------------|--|
| Full Name of Contributor | | | | Registration Number, if PAC | |
| US BANK-MOGADORE BRANCH | | | | | |
| Street Address | Type* | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) | | |
| 3878 MOGADORE RD | Refund IN | 01/31/2018 | EFT | | |
| City | State | Zip Code | Amount | | |
| MOGADORE | OH | 44260 | .07 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| US BANK-MOGADORE BRANCH | | | | | |
| Street Address | Type* | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) | | |
| 3878 MOGADORE RD | Refund IN | 02/28/2018 | EFT | | |
| City | State | Zip Code | Amount | | |
| MOGADORE | OH | 44260 | .06 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| US BANK-MOGADORE BRANCH | | | | | |
| Street Address | Type* | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) | | |
| 3878 MOGADORE RD | Refund IN | 03/30/2018 | EFT | | |
| City | State | Zip Code | Amount | | |
| MOGADORE | OH | 44260 | .07 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| US BANK-MOGADORE BRANCH | | | | | |
| Street Address | Type* | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) | | |
| 3878 MOGADORE RD | Refund IN | 04/30/2018 | EFT | | |
| City | State | Zip Code | Amount | | |
| MOGADORE | OH | 44260 | .07 | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| US BANK-MOGADORE BRANCH | | | | | |
| Street Address | Type* | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) | | |
| 3878 MOGADORE RD | Refund IN | 05/31/2018 | EFT | | |
| City | State | Zip Code | Amount | | |
| MOGADORE | OH | 44260 | .07 | | |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| | | | |
|---------------------------------------------------------------|---------------------------|----------------------------------------|----------------------------------------|
| Full Name of Committee KEEP MOGADORE SCHOOLS STRONG | | | |
| Full Name of Contributor US BANK - MOGADORE BRANCH | | Registration Number, if PAC | |
| Street Address 3878 MOGADORE RD | Type* Refund IN | Date (MM/DD/YYYY) 06/29/2018 | Form (Cash, Check, etc.) EFT |
| City MOGADORE | State OH | Zip Code 44260 | Amount .07 |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Type* Refund | Date (MM/DD/YYYY) | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Amount |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$.07

TOTAL .41